PART B - FEE(S) TRANSMITTAL Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

	JUL 2 2 2005 S	ر ال	or <u>Fax</u>	(703) 746-4000	rginia 22313-1450	<u> </u>
INSTRUCTIONS: This form appropriate. All further corrindicated unless corrected by maintenance fee notifications	m should be used for transesponds to including the lebel of the cited	smitting the ISSUE Patent, advance ord in Block 1, by (a)	E FEE and PUBL ers and notificatio specifying a new	ICATION FEE (if req n of maintenance fees correspondence addres	uired). Blocks 1 through 5 s will be mailed to the current ss; and/or (b) indicating a sepa	hould be completed where correspondence address as trate "FEE ADDRESS" for
CURRENT CORRESPONDENCE	any change of address)		Fee(s) Transmittal. To papers. Each addition	of mailing can only be used for his certificate cannot be used a nal paper, such as an assignment	for any other accompanying	
23353 759		_		have its own certifica	ate of mailing or transmission.	
LION BUILDING	AN & GRAUER PLI T N.W., SUITE 501 DC 20036	LC		I hereby certify that States Postal Service addressed to the M transmitted to the US	ertificate of Mailing or Trans this Fee(s) Transmittal is bein e with sufficient postage for fir ail Stop ISSUE FEE address SPTO (703) 746-4000, on the or	smission g deposited with the United st class mail in an envelope above, or being facsimile late indicated below.
/25/2005 WBEYENES 0000		¥7				(Depositor's name)
FC:1501 1400.00	DA					(Signature)
FC:1504 300.00 FC:8001 9.00	DA DA					(Date)
APPLICATION NO.	FILING DATE	F	IRST NAMED INVE	ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/000,347	12/04/2001		Mamoru Kud	· ·	SON-2274	9724
APPLN. TYPE	SMALL ENTITY	ISSUE FE	E	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	09/26/2005
EXAMINER		ART UNI	Т	CLASS-SUBCLASS		
PATEL, GAUTAM		2655		369-047300	-	
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Rader, Fishman & Gr PLLC Ronald P. Kananen			
PTO/SB/47; Rev 03-02 o						
PTO/SB/47; Rev 03-02 o Number is required.	RESIDENCE DATA TO B	E PRINTED ON TI		t or type)		
PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND			HE PATENT (prin		gnee is identified below, the o	locument has been filed for
PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND	an assignee is identified be 37 CFR 3.11. Completion	clow, no assignee dof this form is NOT	HE PATENT (prin lata will appear on a substitute for fil			locument has been filed for
PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Sony Corporation	an assignee is identified be 37 CFR 3.11. Completion EE	clow, no assignee dof this form is NOT (B)	HE PATENT (printing the printing that will appear on a substitute for fill present the printing resident that the printing resident the printing resident that the printing resident that the printing resident that the printing resident that the printing resident the printing resident that the printing resident that the printing resident the printing resident the printing resident that the printing resident the printing resident the printing resident	the patent. If an assignment, in a sign an assignment.	OUNTRY)	
PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Sony Corporation Please check the appropriate	an assignee is identified by 37 CFR 3.11. Completion EE	clow, no assignee d of this form is NOT (B)	HE PATENT (print lata will appear on a substitute for file RESIDENCE: (C. JAPAN anted on the patent)	the patent. If an assignment. ITY and STATE OR Co		
PTC/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Sony Corporation Please check the appropriate 4a. The following fee(s) are c	an assignee is identified by 37 CFR 3.11. Completion EE	clow, no assignee dof this form is NOT (B) ries (will not be printed the control of the contro	HE PATENT (print lata will appear on a substitute for file RESIDENCE: (C. JAPAN lated on the patent) Payment of Fee(s)	the patent. If an assignment. ITY and STATE OR Co	OUNTRY) Corporation or other private gr	
PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Sony Corporation Please check the appropriate 4a. The following fee(s) are of the same of the sam	an assignee is identified by 37 CFR 3.11. Completion EE	clow, no assignee dof this form is NOT (B) ries (will not be pringle)	HE PATENT (print lata will appear on a substitute for fill RESIDENCE: (C. JAPAN lated on the patent) Payment of Fee(s) A check in the	the patent. If an assignment. ITY and STATE OR Comment. ITY and Individual ITY	OUNTRY) Corporation or other private grenclosed.	
PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Sony Corporation Please check the appropriate 4a. The following fee(s) are of the state of	an assignee is identified by 37 CFR 3.11. Completion EE n assignee category or category cate	clow, no assignee dof this form is NOT (B) ries (will not be printed) 4b. cd)	HE PATENT (print lata will appear on a substitute for fill RESIDENCE: (C. JAPAN lated on the patent) Payment of Fee(s) A check in the Payment by cree	the patent. If an assignment. ITY and STATE OR Comment. Individual XXX Individual XXX amount of the fee(s) is a control of the fee(s) is the control of the f	OUNTRY) Corporation or other private grenclosed.	oup entity Government
PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Sony Corporation Please check the appropriate 4a. The following fee(s) are compared to the same of the same o	an assignee is identified by 37 CFR 3.11. Completion EE n assignee category or category cate	ries (will not be pringled)	HE PATENT (print lata will appear on a substitute for fill RESIDENCE: (C. JAPAN lated on the patent) Payment of Fee(s) A check in the Payment by cre The Director is Deposit Account N	the patent. If an assigning an assignment. ITY and STATE OR Compared to the following state of the following stat	Corporation or other private grenclosed. 38 is attached. charge the required fee(s), or	oup entity Government credit any overpayment, to copy of this form).
PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Sony Corporation Please check the appropriate 4a. The following fee(s) are compared to the second secon	an assignee is identified by 37 CFR 3.11. Completion EE The assignee category or categorenclosed: mall entity discount permitted Copies 3 (from status indicated above MALL ENTITY status. See	ries (will not be printed) 2d) 2d) 2d) 2d) 2d) 2d) 2d) 2d) 2d)	HE PATENT (print lata will appear on a substitute for fill RESIDENCE: (C. JAPAN lated on the patent) Payment of Fee(s) A check in the Payment by creed The Director is Deposit Account N	the patent. If an assigning an assignment. ITY and STATE OR Compared to the following state of the following stat	Corporation or other private grenclosed. 38 is attached. charge the required fee(s), or charge the required fee(s).	oup entity Government Government, to copy of this form).
PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE Sony Corporation Please check the appropriate 4a. The following fee(s) are compared to the second secon	an assignee is identified by 37 CFR 3.11. Completion EE The assignee category or categorenclosed: mall entity discount permitted Copies 3 (from status indicated above MALL ENTITY status. See	ries (will not be printed) 2d) 2d) 2d) 2d) 2d) 2d) 2d) 2d) 2d)	HE PATENT (print lata will appear on a substitute for fill RESIDENCE: (C. JAPAN lated on the patent) Payment of Fee(s) A check in the Payment by creed The Director is Deposit Account N	the patent. If an assigning an assignment. ITY and STATE OR Compared to the following state of the following stat	Corporation or other private grenclosed. 38 is attached. charge the required fee(s), or (enclose an extra conditions)	credit any overpayment, to copy of this form). FR 1.27(g)(2). ation identified above, the assignee or other party in

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/of suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.